



PRIVACY ACT NOTICE: The information requested is voluntary and is solicited under authority of Chapter 73, Title 38, U.S.C., Sections 4105 and 4106, or Title 5, U.S.C., Sections 3301, 3302, 3304, and 3320. It will be used to determine your current qualifications for a specific position. If you decline to provide the information requested, it may result in disqualification for the position.

INSTRUCTION TO EMPLOYEE: Please complete items 8A through 10.

| | | |
|---|------------------------|-----------------|
| 1. STATION NAME AND LOCATION | 2. STATION NO. | 3. DUTY STATION |
| 4. EMPLOYEE NAME (Last, first, middle) | 5. SOCIAL SECURITY NO. | |
| 6. POSITION TITLE | | |
| 7. ORGANIZATION (Department or staff office, service, division, etc.) | | |

CURRENT LICENSE, REGISTRATION, OR BAR MEMBERSHIP

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|-----------|------------|-----------------|---------------------|
| 8A. STATE | 8B. NUMBER | 8C. DATE ISSUED | 8D. EXPIRATION DATE |
|-----------|------------|-----------------|---------------------|

I certify that I have a current license, registration, or bar membership as described above.

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| 9. SIGNATURE OF EMPLOYEE | 10. DATE |
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The information above has been verified.

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| 11. SIGNATURE AND TITLE OF VERIFYING OFFICIAL | 12. DATE |
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